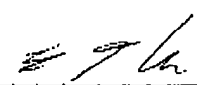


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number D03051															
In re Application of Application Number	ALL-OPTICAL WAVELENGTH CONVERTER CIRCUIT 10/774,308																
For Group Art Unit	Amarildo J.C. Viera 2638																
	Filed 2/6/04	RECEIVED CENTRAL FAX CENTER DEC 12 2005															
Examiner Wang, Lering																	
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows: (check time period desired):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 75%;">One Month (37 CFR 1.17(a)(10))</td> <td style="width: 20%; text-align: right;">\$ 120.00</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Two Months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Three Months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Four Months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Five Months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required or credit any overpayment, to Deposit Account Number 502117. The Deposit Account Name is Motorola, Inc.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the:</p> <p><input type="checkbox"/> Applicant/inventor</p> <p><input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> Attorney or agent of record (Registration No.: 44,489)</p> <p><input type="checkbox"/> Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a)</p> <p style="text-align: right;">12/13/2005 SDENBOB1 00000033 502117 10774308 01 FC:1251 120.00 DA</p>			<input checked="" type="checkbox"/>	One Month (37 CFR 1.17(a)(10))	\$ 120.00	<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$	<input type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$
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<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">12/12/05</p> <p style="text-align: center;">Date</p> <p style="text-align: center;">215-323-1797</p> <p style="text-align: center;">Telephone Number</p> </div> <div style="width: 45%;"> <p style="text-align: center;"></p> <p style="text-align: center;">Signature</p> <p style="text-align: center;">Lawrence T. Cullen</p> <p style="text-align: center;">Type or printed name</p> </div> </div>																	
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.</p> <p>Submit multiple forms if more than one signature is required, see below.</p>																	
<p><input checked="" type="checkbox"/> Total of 2 form(s) are submitted</p>																	

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818) <h2 style="margin: 10px 0;">FEE TRANSMITTAL</h2> <p style="margin: 5px 0;">For FY 2005</p> <div style="margin-top: 10px;"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 </div>		<b style="text-align: center;">Complete If Known <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>10/774,308</td> </tr> <tr> <td>Filing Date</td> <td>February 6, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Amarildo J.C. Viera</td> </tr> <tr> <td>Examiner Name</td> <td>Wang, Leming</td> </tr> <tr> <td>Group Art Unit</td> <td>2638</td> </tr> <tr> <td>Attorney Docket No.</td> <td>D03051</td> </tr> </table>		Application Number	10/774,308	Filing Date	February 6, 2004	First Named Inventor	Amarildo J.C. Viera	Examiner Name	Wang, Leming	Group Art Unit	2638	Attorney Docket No.	D03051
Application Number	10/774,308														
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Examiner Name	Wang, Leming														
Group Art Unit	2638														
Attorney Docket No.	D03051														
TOTAL AMOUNT OF PAYMENT (\$) 120.00															
METHOD OF PAYMENT (check all that apply) <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 502117 Deposit Account Name: MOTOROLA, INC. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) </div> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee </div> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments </div> <p style="font-size: small;">under 37 CFR 1.16 and 1.17</p> <p style="font-size: x-small;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>															
FEE CALCULATION															
1. BASIC FILING, SEARCH, AND EXAMINATION FEES															
FILING FEES		SEARCH FEES													
Small Entity		Small Entity													
Application Type	Fee (\$)	Fee (\$)	Fee (\$)												
Utility	300	150	500												
Design	200	100	100												
Plant	200	100	300												
Reissue	300	150	500												
Provisional	200	100	0												
		250	250												
		50	150												
		130	160												
		600	300												
		0	0												
			Fees Paid (\$)												
2. EXCESS CLAIM FEES															
			Small Entity												
			Fee (\$)												
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent			50												
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent			200												
Multiple dependent claims			360												
			180												
Total Claims			Fee (\$)												
18 - 20 or HP=			0												
HP=highest number of total claims paid for, if greater than 20															
Extra Claims			Fee (\$)												
0 x			0												
Fee Paid (\$)			Fee Paid (\$)												
Indep. Claims			Fee (\$)												
3 - 3 or HP=			0												
HP=highest number of independent claims paid for, if greater than 3															
Extra Claims			Fee (\$)												
0 x			0												
Fee Paid (\$)			Fee Paid (\$)												
3. APPLICATION SIZE FEE:															
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).															
Total Sheets			Fee (\$)												
100 -			0												
Extra Sheets			Fee Paid (\$)												
0 / 50 =															
Number of each additional 50 or fraction thereof			Fee (\$)												
(round up to a whole number) x															
			Fee Paid (\$)												
4. OTHER FEE(S)															
Non-English Specification, \$130 fee (no small entity discount)			Fee Paid (\$)												
Other: Request for Extension of Time			\$120.00												
SUBMITTED BY		Complete (if applicable)													
Name (Print/Type)	Lawrence T. Cullen	Registration No.	44,489												
Telephone	215-323-1797														
Signature	[Signature]	Date	12/12/05												